

In the
US District Court
for the

Western District of New York

USA

v

18-CR-163

Carlos Bayon

Motion

- ① Defendant hereby request to be moved to a federal medical facility near Buffalo, NY where his trial will take place.
- ② As evident by the attached (2) documents defendant has exhausted all avenues at the Core Civic Facility in Youngstown, OHIO (2240 Hubbard Rd) trying to receive proper medical care for his diabetes, high blood pressure and High triglycerides; The metabolic syndrome. Because of the lack of proper medical care his neuropathy of the hands and feet has advanced and is losing feeling in his hands fingers and toes. The pancreatic and neuropathic pains are intolerable at times and the doctor refuses to provide treatment.
- ③ The report attached here by Sanzenbacher is false and does not make sense; "You denied low sugar sensations, numb or burning feet or generalized muscle aches".
- ④ Those are true symptoms of neuropathy which I have been complaining all along. This doctor, Giovino, is causing me irreparable damage as well as Core Civic.
- ⑤ Defendant hereby requests to be moved to a medical federal facility or release on his own recognizance so that he could find proper medical care and be fit for trial.

⑥

Carlos Bayon

4/17/19 Under Penalty of Perjury



Northeast Ohio Correctional Center

Inmate/Resident Grievance (14-5B) Appeal Response

Grievance No.: 19-145

Inmate Name: Bayon, Carlos

Inmate No.: 28198055

Housing: A09-110

Grievance Issue(s): Medical Services

Response: This office is in receipt of your grievance appeal No. 19-145 received on April 9, 2019. You have requested an appeal to the response provided by Clinical Supervisor Sanzenbacher, provided on April 1, 2019. You state in your appeal, if Medical staff is unable to provide proper medical care, you request to be transferred to a medical facility.

Due to the subject matter of this appeal, I cannot diagnose or treat illness nor can I recommend or modify a medical treatment plan. The purpose of this review is to ensure that you are receiving medical care per USMS guidelines and Core Civic policy.

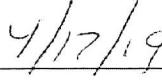
In order to address your grievance appeal, I had spoken with Clinical Supervisor Sanzenbacher concerning this matter.

After review of your appeal and speaking with the Clinical Supervisor, it has been determined that medical staff and the physician are adequately addressing your medical care. The provider has adjusted your treatment plan to best meet your medical needs. Although you may not agree with your medical treatment plan, you are being treated within the guidelines set forth by USMS and Core Civic policy. You are encouraged to follow the recommended treatment plan by the provider so you can be evaluated on your progress at your next follow-up appointment.

Based on this, I conclude there is no violation of USMS guidelines or Core Civic policy. Therefore, a transfer is not deemed medically necessary at this time.

Your grievance appeal to the Clinical Supervisor's response is rejected. This ends the disposition of Grievance Appeal No. 19-145.


Warden


Date



Northeast Ohio Correctional Center
Inmate/Resident Grievance (14-5B) Response

Grievance No.: 19-145
Detainee Name: Bayon, Carlos
Detainee No.: 28198055
Housing: A1 114U

Grievance Issue(s): Endocrinologist and Orthopedic Evaluations

Response: A review of your medical record indicates that you were evaluated by Dr. Giovino at your Chronic Care visit on 3/5/19. At that visit, you denied low sugar sensations, numb or burning feet or generalized muscle aches. He documented that you voiced no complaints at that visit and that you refused any "Statin" meds because they made you dizzy one time when you took them. You told him that you had continued taking the Thyroid medication that you had even though he had discontinued it at the last visit. You refused to have ASA added and also to increase your Metformin. You were tested for a lipid panel on 2/4/19 and your Cholesterol was 123 and your triglycerides were 187. You are scheduled to have labs repeated in 3 months.

Your request to be moved to a facility that can provide proper medical care is denied as you are receiving proper medical care at this facility.

M. Sanzenbacher RN CS 4/1/19
Clinical Supervisor Date

PRE-HEARING DETENTION

15-2B-USMS

Was the Inmate/Resident admitted to pre-hearing detention?

Yes _____ No _____ If yes, explain reason C-10 Fighting

Staff Authorizing

Date & Time**HEARING INFORMATION:**

Date & Time of Hearing: 04/16/19 @ 1240 hrs _____

Inmate/Resident Plea: Guilty: _____ Not Guilty: _____ X _____

Board/Hearing Officers Finding: Guilty: _____ X _____ Not Guilty: _____

Reasons for findings:

When you were asked by the hearing Shift Supervisor if you understood your due process rights, you stated yes. The DHO saw in your best interest to read and review your due process rights again with you. You did not request to have a staff member represent with you throughout your disciplinary hearing process. You did not request to have a witness for this DHO hearing. You did not request to have an interpreter present at your DHO hearing. Although you were provided a minimum of 24 hours to prepare for your defense you were not able to present any evidence to convince this DHO that you did not commit the prohibited act that you have been charged with.

The DHO finds that you (Inmate Bayon, Carlos #28198055) have committed prohibited act C-10 Fighting. This Finding is based on the written disciplinary report (15-2A) by Correctional Councilor Bond, and photographs .

Penalty Recommendation: 21 days DS 04/11/19 through 05/01/19 21 days LP commissary 04/16/19 through 05/06/19.

Reasons for Penalty: **The above penalties have been imposed in order to hold you accountable for your actions and deter you from committing prohibited acts in the future.**

I wish to appeal. Yes _____ No _____

Inmate/Resident Signature

Date

Hearing Officer/Chairperson **Sgt. Garro** _____

Member: _____ Member: _____

Disciplinary Hearing Review as to conformity with policy: Concur Modify (note modifications below)

Comments: _____

Disciplinary Report Reviewed by: _____ Date: _____

Warden/ Designee

